

California School-Based MAA Manual

SECTION 5

Activity Codes: Descriptions and Examples

Subject	Page
Introduction	5-1
Code 1. School-Related, Educational, and Other Activities	5-4
Code 2. Direct Medical Services	5-5
Code 3. Non-Medi-Cal Outreach	5-5
Code 4. Initial Medi-Cal Outreach	5-6
Code 5. Facilitating Application for non-Medi-Cal Programs	5-7
Code 6. Facilitating Medi-Cal Application	5-8
Code 7. Referral, Coordination, and Monitoring of non-Medi-Cal Services	5-8
Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services	5-9
Code 9. Transportation For non-Medi-Cal Services	5-10
Code 10. Arranging Transportation in Support of Medi-Cal Services	5-10
Code 11. Non-Medi-Cal Translation	5-11
Code 12. Translation	5-11
Code 13. Program Planning, Policy Development, and Interagency Coordination Related to non-Medi-Cal Services	5-12
Code 14. Program Planning, Policy Development, and Interagency Coordination Related to Medi-Cal Services	5-13
Code 15. Medi-Cal Claims Administration, Coordination and Training	5-14
Code 16. General Administration/Paid Time Off	5-15

Introduction

When staff performs duties related to the proper administration of the California Medi-Cal program, federal funds may be drawn as reimbursement for the appropriate time-studied proportion of salary, benefit, and other costs of providing these administrative activities. To identify the cost of providing these activities, a time study of staff must be conducted. The time study identifies the time and subsequent costs spent on Medi-Cal administrative activities that are allowable and reimbursable under the Medi-Cal program. The following coding scheme must be followed by all time-study participants.

Staff Activities and Codes. Each code is followed by an indicator (in parentheses) to show if the code is eligible for reimbursement at the FFP rate, to what extent the code is allowable, and if the Medi-Cal Percentage must be applied.

Application of FFP rate of 50 percent. Refers to an administrative activity that is allowable under the Medi-Cal program and claimable at the 50-percent FFP rate.

Unallowable Activities (U). Refers to an administrative activity that is unallowable under the Medi-Cal program, regardless of whether or not the population served includes Medi-Cal-eligible individuals.

Total Medi-Cal (TM). Refers to an administrative activity that is 100-percent allowable under the Medi-Cal program.

Proportional Medi-Cal (PM). Refers to an administrative activity that is allowable under the Medi-Cal program but for which the allocable share of costs must be determined by applying the discounted or proportional Medi-Cal share (the Medi-Cal percentage). The Medi-Cal share is determined by calculating the ratio of Medi-Cal-eligible students to total students.

Reallocated Activities (R). Refers to those general administrative activities performed by time study participants that must be reallocated across the other activity codes on a *pro rata* basis. These reallocated activities are reported under Code 16. Note that certain functions, such as payroll, maintaining inventories, developing budgets, and executive direction, are considered overhead; therefore, they are only allowable through the application of an approved indirect cost rate.

Staff should document time spent on each of the following coded activities:

- CODE 1** School-Related, Educational, and Other Activities **(U)**
- CODE 2** Direct Medical Services **(U)**
- CODE 3** Non-Medi-Cal Outreach **(U)**
- CODE 4** Initial Medi-Cal Outreach **(TM/50-percent FFP)**
- CODE 5** Facilitating Application for Non-Medi-Cal Programs **(U)**
- CODE 6** Facilitating Medi-Cal Application **(TM/50-percent FFP)**
- CODE 7** Referral, Coordination, and Monitoring of Non-Medi-Cal Services **(U)**
- CODE 8** Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services **(PM/50 percent-FFP)**
- CODE 9** Transportation for Non-Medi-Cal Services **(U)**
- CODE 10** Arranging Transportation in Support of Medi-Cal Services **(PM/50-percent FFP)**
- CODE 11** Non-Medi-Cal Translation **(U)**
- CODE 12** Translation **(PM/50-percent FFP)**
- CODE 13** Program Planning, Policy Development, and Interagency Coordination Related to Non-Medi-Cal Services **(U)**
- CODE 14** Program Planning, Policy Development, and Interagency Coordination Related to Medi-Cal Services **(PM/50-percent FFP)**
- CODE 15** Medi-Cal Claims Administration, Coordination and Training **(TM/50-percent FFP)**
- CODE 16** General Administration/Paid Time Off **(R)**

CODE 1. SCHOOL-RELATED, EDUCATIONAL, AND OTHER ACTIVITIES (U)

This code should be used for school-related activities that are not health-related, such as social services, educational services, and teaching services, employment and job training and duties that support your primary job. Performing activities that are specific to education and students particularly instructional, curriculum and student-focused areas (including attendance reports and all other student records) should be coded here. Include in Code 1 all clerical and supervisory activities, and travel related to these activities. These activities include the development, coordination, and monitoring of a student's education plan that is not health-related.

- Providing classroom instruction (including lesson planning).
- Testing, correcting papers.
- Compiling attendance reports.
- Performing activities that are specific to instructional, curriculum, student-focused areas, including those performed by health providers.
- Reviewing the education record for students who are new to the school.
- Providing general supervision of students (e.g., playground, lunchroom).
- Monitoring student academic achievement.
- Providing individualized instruction (e.g., math concepts) to a special education student.
- Conducting external relations related to school educational issues/matters.
- Compiling report cards.
- Applying discipline activities.
- Performing clerical activities specific to instructional or curriculum areas.
- Activities related to the immunization requirements for school attendance. (These activities are considered Free Care and cannot be billed to Medi-Cal.)
- Compiling, preparing, and reviewing reports on textbooks or attendance.
- Enrolling new students or obtaining registration information.
- Conferring with students or parents about discipline, academic matters, or other school-related issues.
- Evaluating curriculum and instructional services, policies, and procedures.
- Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop, computer instruction).
- Performing clerical activities specific to instructional or curriculum areas.
- Participating in or coordinating training that improves the delivery of services for programs other than Medi-Cal.
- Participating in or coordinating training that enhances IDEA child find programs.

- Developing, coordinating, and monitoring that the IEP is conducted, parental sign-off is obtained, the IEP meetings with the parents are scheduled, and the IEP is completed.
- Preparing for and providing behavior management principles to student.

Note: Activities that do not relate to Medi-Cal, are not administrative in nature or do not meet the definition of any other code category.

CODE 2. DIRECT MEDICAL SERVICES (U)

School staff should use this code when providing care, treatment, and/or counseling services to an individual to correct or ameliorate a specific condition. This code also includes all related, paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail. This includes TCM- and LEA-billed Medi-Cal services.

- Providing health/mental health services contained in an IEP.
- Providing medical/health assessment and evaluation as part of the development of an IEP.
- Reporting initial health assessment results at IEP.
- Conducting medical/health assessments/evaluations and diagnostic testing, and preparing related reports.
- Providing health care/personal aide services.
- Providing speech, occupational, physical, and other therapies.
- Administering first aid, or a prescribed injection or medication, to a student.
- Providing direct clinical or treatment services.
- Performing developmental assessments.
- Providing counseling services to treat health, mental health, or substance abuse conditions.
- Performing routine or mandated child health screens, including but not limited to vision, hearing, dental, scoliosis, and certain EPSDT/CHDP screens.
- Providing immunizations.
- Conducting TCM Services.
- Activities that are medical services or components of medical services.

CODE 3. NON-MEDI-CAL OUTREACH (U)

This code should be used by all school staff when performing activities that inform eligible or potentially eligible individuals about non-Medi-Cal social, vocational, and

educational programs (including special education) and how to access them, describing the range of benefits covered and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail.

- Informing families about wellness programs and how to access these programs.
- Scheduling and promoting activities that educate individuals about the benefits of healthy life styles and healthy practices.
- Conducting general health education programs or campaigns addressed to the general population.
- Conducting outreach campaigns directed toward encouraging persons to access social, educational, legal, or other services not covered by Medi-Cal.
- Assisting in the early identification of children with special medical/mental health needs through various IDEA child find activities.
- Outreach activities in support of programs that are funded 100 percent by State general revenue.
- Participating in or coordinating training that improves the delivery of services for programs other than Medi-Cal.
- Participating in or coordinating training that enhances IDEA child find programs.

CODE 4. INITIAL MEDI-CAL OUTREACH (TM/50-Percent FFP)

This code should be used by school staff when performing initial activities that inform eligible or potentially eligible individuals about Medi-Cal programs and services and how to access them. Initial activities would include bringing potential eligible's into the Medi-Cal system for the purpose of determining eligibility and initially arranging for the provision of Medi-Cal services. Include related paperwork, clerical activities, or staff travel required to perform these activities (including initiating and responding to email and voicemail). LEAs only conduct outreach for the populations served by their schools (i.e., students and their parents or guardians). The following are examples of activities that are considered Medi-Cal outreach:

- Providing initial information about Medi-Cal-covered services and/or CHDP screenings (e.g., dental, vision) in the schools that will help identify medical conditions that can be corrected or improved by services through Medi-Cal.
- Identifying and referring adolescents who may be in need of Medi-Cal family planning services.
- Informing Medi-Cal-eligible and potential Medi-Cal-eligible children and families about the benefits and availability of services provided by Medi-Cal (including preventive, treatment, and screening), including services provided through the EPSDT program.

- Informing children and their families on how to effectively access, use, and maintain participation in all health resources under the federal Medi-Cal/Healthy Families program.
- Assisting in the early identification of children who could benefit from the health services provided by Medi-Cal as part of a Medi-Cal/Healthy Families outreach campaign. Not claimable are child find activities that are required under Special Education regulations (use Code 3 Non-Medi-Cal Outreach).
- Contacting pregnant and parenting teenagers about the availability of Medi-Cal prenatal and well-baby care programs and services.
- Conducting a family planning health education outreach program or campaign—if it is targeted specifically to family planning Medi-Cal services that are offered to Medi-Cal-eligible individuals.
- Providing initial referral assistance to families where Medi-Cal services can be provided.
- Participating in or coordinating outreach trainings that improve the delivery of Medi-Cal services.
- Providing information regarding Medi-Cal managed care programs and health plans to individuals and families and how to access that system.

Activities that are not considered Medi-Cal outreach under any circumstances are:

- General preventive health education programs or campaigns addressed to life-style changes in the general population (e.g., dental prevention, anti-smoking, alcohol reduction, etc.), and
- Outreach campaigns directed toward encouraging persons to access social, educational, legal, or other services not covered by Medi-Cal.

CODE 5. FACILITATING APPLICATION FOR NON-MEDI-CAL PROGRAMS (U)

This code should be used by school staff when informing an individual or family about programs such as CalWORKS, Food Stamps, WIC, childcare, legal aid, and other social or educational programs, and referring them to the appropriate agency to make application. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail.

- Explaining the eligibility process for non-Medi-Cal programs.
- Assisting the individual or family in collecting/gathering information and documents for the non-Medi-Cal program application.
- Assisting the individual or family in completing the application.
- Developing and verifying initial and continuing eligibility for the National School Lunch Program. When a school employee is verifying a student's eligibility or continuing eligibility for Medi-Cal/Healthy Families to develop, ascertain, or

continue eligibility under the National School Lunch Program, report that activity under this code.

CODE 6. FACILITATING MEDI-CAL APPLICATION (TM/50-percent FFP)

School staff should use this code when assisting an individual in becoming eligible for Medi-Cal/Healthy Families. Include related, paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail. This activity does not include the actual determination of Medi-Cal eligibility.

- Verifying an individual's current Medi-Cal/Healthy Families eligibility status for the purposes of Medi-Cal program.
- Explaining Medi-Cal/Healthy Families eligibility rules and the Medi-Cal/Healthy Families eligibility process to prospective applicants.
- Assisting individuals or families to complete a Medi-Cal/Healthy Families eligibility application.
- Gathering information related to the application and eligibility determination for an individual, including resource information and TPL information, as a prelude to submitting a formal Medi-Cal/Healthy Families application.
- Providing necessary forms and packaging all forms in preparation for the Medi-Cal/Healthy Families eligibility determination.
- Referring an individual or family to the local Medi-Cal/Healthy Families eligibility office to make application for Medi-Cal/Healthy Families.
- Assisting the individual or family in collecting/gathering required information and documents for the Medi-Cal/Healthy Families application.
- Participating as a Medi-Cal/Healthy Families eligibility outreach outstation, but does not include determining eligibility.
- Using client information gathered from various programs such as CHDP and the Free and Reduced Lunch Program to facilitate the Medi-Cal/Healthy Families application process and expand enrollment into Medi-Cal programs and services.

Note: Healthy Family outreach is claimable unless the eligibility application form box is marked: "I do not want Medi-Cal".

CODE 7. REFERRAL, COORDINATION, AND MONITORING OF NON-MEDI-CAL SERVICES (U)

School staff should use this code when making referrals for coordinating, and/or monitoring the delivery of non-Medi-Cal services, such as educational services. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail.

- Making referrals for and coordinating access to social and educational services such as childcare, employment, job training, and housing.

- Making referrals for, coordinating, and/or monitoring the delivery of State-education-agency-mandated immunizations and child health screens (vision, hearing, scoliosis).
- Making referrals for, coordinating, and/or monitoring the delivery of scholastic, vocational, and other non-health-related examinations including making referrals to community organizations (i.e. Lions club for glasses). Gathering any information that may be required in advance of these non-Medi-Cal-related referrals.
- Participating in a meeting/discussion to coordinate or review a student's need for scholastic, vocational, and non-health-related services not covered by Medi-Cal.
- Monitoring and evaluating the non-medical components of the individualized plan as appropriate.

Note: Case Managers participating in the LEA Medi-Cal Billing Option for IEP case management cannot claim MAA Referral, Coordination, and Monitoring. Staff should claim time under Code 2, Direct Medical Service as TCM billing includes Referral, Coordination, and Monitoring.

CODE 8. ONGOING REFERRAL, COORDINATION, AND MONITORING OF MEDI-CAL SERVICES (PM/50-percent FFP)

School staff should use this code when making ongoing referrals for, coordinating, and/or monitoring the delivery of Medi-Cal-covered services. This code is used after an initial referral is made. Referral, coordination, and monitoring activities related to services in an IEP are reported in this code. Activities that are part of a direct service are not claimable as an administrative service. Furthermore, activities that are an integral part of or an extension of a medical service (e.g., student follow-up, student assessment, student counseling, student education or consultation and student billing activities, including arranging and coordinating IEP meetings) should be reported under CODE 2, Direct Medi-Cal Services. Include related paperwork, clerical activities, or staff travel necessary to perform these activities, including initiating and responding to email and voicemail.

School staff should use this code when making ongoing referrals for, coordinating, and/or monitoring the delivery of Medi-Cal-covered services.

- Making referrals for and/or coordinating medical or physical examinations and necessary medical/mental health evaluations.
- Making referrals for and/or scheduling certain Medi-Cal-covered CHDP screens, inter-periodic screens, and appropriate immunization, but NOT to include the State-mandated health services.
- Referring students for necessary medical health, mental health, or substance abuse services covered by Medi-Cal.
- Arranging for any Medi-Cal-covered medical/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/mental health condition.

- Gathering any information that may be required in advance of these referrals.
- Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medi-Cal.
- Providing follow-up contact to ensure that a child has received the prescribed medical/mental health services.
- Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medi-Cal service providers as may be required to provide continuity of care.
- Providing information to other staff on the child's related medical/mental health services and plans, such as IEPs and/or IFSPs.
- Coordinating the delivery of community-based medical/mental health services for a child with special/severe health care needs.
- Monitoring and evaluating the Medi-Cal-covered service components of the IEP as appropriate.
- Coordinating medical/mental health service provisions with managed care plans as appropriate.

Note: Case Managers participating in the LEA Medi-Cal Billing Option for IEP case management cannot claim MAA Referral, Coordination, and Monitoring. Staff should claim time under Code 2, Direct Medical Service as TCM billing includes Referral, Coordination, and Monitoring.

CODE 9. TRANSPORTATION FOR NON-MEDI-CAL SERVICES (U)

School employees should use this code when assisting an individual to obtain transportation to services not covered by Medi-Cal, or accompanying the individual to services not covered by Medi-Cal. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail.

- Scheduling or arranging transportation to social; vocational; educational; and/or any other non-Medi-Cal services, programs, and activities.
- Actual cost of transportation is not considered MAA.

CODE 10. ARRANGING TRANSPORTATION IN SUPPORT OF MEDI-CAL SERVICES (PM/50-PERCENT FFP)

School employees should use this code when **assisting** an individual or family to obtain transportation to services covered by Medi-Cal. This does not include:

- the provision of the actual transportation service, but rather the administrative activities involved in scheduling or arranging specialized transportation.
- activities that contribute to the actual billing of transportation as a medical service such as with the LEA Medi-Cal Billing Option program.

- accompanying the Medi-Cal-eligible individual to Medi-Cal services as an administrative activity.

Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail.

- Scheduling or arranging transportation to Medi-Cal-covered services.
- A transportation supervisor and staff time coordinating IEP transportation.

Note: Case Managers participating in the LEA Medi-Cal Billing Option cannot duplicate their time here. Staff should claim time under Code 2, Direct Medical Service.

CODE 11. NON-MEDI-CAL TRANSLATION (U)

School employees who provide translation services for non-Medi-Cal activities should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities, including initiating and responding to email and voicemail.

- Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand social, educational, and vocational services.
- Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand the State education or State-mandated health screenings (e.g., vision, hearing, scoliosis) and general health education outreach campaigns intended for the student population.

CODE 12. TRANSLATION (PM/50-PERCENT FFP)

Translation may be allowable as an administrative activity if it is not included and paid for as part of a medical assistance service. However, translation must be provided by a third party translator or by separate employees performing translation functions for the school and it must facilitate access to Medi-Cal-covered services. Please note that a school district does not need to have a separate administrative claiming unit for translation.

School employees who provide Medi-Cal translation services should use this code. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail.

- Arranging for or providing translation services (oral, written, and signing) that assist the individual to access and understand necessary care or treatment covered by Medi-Cal.
- Arranging for or providing translation to student/parent to understand how to access the application process for Medi-Cal/Healthy Families.

Note: Case Managers participating in the LEA Medi-Cal Billing Option cannot duplicate their time here. Staff should claim time under Code 2, Direct Medical Service as TCM billing. TCM Billing includes Referral, Coordination, and Monitoring.

**CODE 13. PROGRAM PLANNING, POLICY DEVELOPMENT, AND
INTERAGENCY COORDINATION RELATED TO NON-MEDI-CAL
SERVICES (U)**

This code should be used by school staff when performing collaborative activities with other agencies associated with the development of strategies to improve the coordination and delivery of non-medical/non-mental health services to students and their families. Non-medical services may include social, educational, and vocational services. Only employees whose position descriptions include program planning, policy development, and interagency coordination should use this code. Staff time-surveying under this code should include related, paperwork, clerical activities, or travel required to perform these activities, including initiating and responding to email and voicemail.

- Identifying gaps or duplication of other non-medical services (e.g., social, vocational, and educational programs) to students and their families, and developing strategies to improve the delivery and coordination of these services.
- Developing strategies to assess or increase the capacity of non-medical school programs.
- Monitoring the non-medical delivery systems in schools.
- Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.
- Evaluating the need for non-medical services in relation to specific populations or geographic areas.
- Analyzing non-medical data related to a specific program, population, or geographic area.
- Working with other agencies providing non-medical services to improve the coordination and delivery of services and to improve collaboration around the early identification of non-medical problems.
- Defining the scope of each agency's non-medical service in relation to the other.
- Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services to the school populations.
- Developing non-medical referral sources.
- Coordinating with interagency committees to identify, promote, and develop non-medical services in the school system.
- Developing and processing non-medical MOUs, contracts, and agreements.

**CODE 14. PROGRAM PLANNING, POLICY DEVELOPMENT, AND
INTERAGENCY COORDINATION RELATED TO MEDI-CAL SERVICES
(PM/50-PERCENT FFP)**

This code should be used by school staff when performing collaborative activities with other agencies associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/mental health services to students and their families. Only employees whose position descriptions include program planning, policy development, and interagency coordination should use this code. Staff surveying under this code should include related paperwork, clerical activities or travel required to perform these activities, including initiating and responding to email and voicemail.

- Identifying gaps or duplication of medical/mental health services to students and their families and developing strategies to improve the delivery and coordination of these services.
- Developing strategies to assess or increase the capacity of school medical/mental health programs.
- Monitoring the medical/mental health delivery systems in schools.
- Developing procedures for tracking families' requests for assistance with Medi-Cal-covered services and providers. (This does not include the actual tracking of requests for Medi-Cal services.)
- Evaluating the need for Medi-Cal services in relation to specific populations or geographic areas.
- Analyzing Medi-Cal data related to a specific program, population, or geographic area.
- Working with other agencies providing Medi-Cal services, to expand access to specific populations of Medi-Cal eligibles, and to improve collaboration around the early identification of medical problems.
- Defining the scope of each agency's Medi-Cal service in relation to the other.
- Working with Medi-Cal resources, such as the managed care plans, to make good faith efforts to locate and develop health services referral relationships.
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of Medi-Cal care services to the school populations.
- Developing medical referral sources, such as directories of Medi-Cal providers and managed care plans, who will provide services to targeted population groups such as Medi-Cal and/or CHDP children.
- Coordinating with interagency committees to identify, promote, and develop Medi-Cal and/or CHDP services in the school system.
- Negotiating and processing MOUs and special agreements that support interagency coordination to improve the delivery of Medi-Cal services.

- Participating in or coordinating training that enhances early identification, intervention, screening, and referral of students with special health needs to Medi-Cal services. (This is distinguished from IDEA child find programs.)

CODE 15. MEDI-CAL CLAIMS ADMINISTRATION ,COORDINATION AND TRAINING (TM/50-PERCENT FFP)

This code should be used by LEA, LEC, and LGA coordinators and time survey participants when performing activities that are directly related to Medi-Cal claims administration and coordination, and training activities. Staff who time survey should use this code for time spent after initial or annual training in reviewing how to document relevant MAA through the time survey process. Reasonable time spent reviewing how to survey and working with others to complete the survey is acceptable. Include related paperwork, clerical activities, or staff travel necessary to perform these activities, including initiating and responding to email and voicemail. Do not code time for initial or annual training or time spent completing LEA Medi-Cal Billing Option forms or analysis of LEA Medi-Cal Billing Option information.

- Drafting, revising, and submitting MAA operational plans.
- Serving as liaison for regional and local MAA claiming programs and with the State and Federal Governments on Medi-Cal administration (i.e., LEC/LGA Coordinators or their designees).
- Monitoring the performance of claiming programs.
- Administering MAA, including overseeing, preparing, compiling, revising, and submitting claims.
- Training program and subcontractor staff on state, federal, and local requirements for MAA claiming.
- Ensuring that MAA claims do not duplicate Medi-Cal claims for the same activities from other providers.
- Attending meetings and conferences that involve MAA for LEA or LEC/LGA coordinators.
- Initial and/or annual claiming for time survey training continues to be disallowed.

ADDITIONAL NOTE:

According to OMB Circular A-87, Attachment A, Section C, federal funding is available for the cost of administrative activities that directly support efforts to identify and enroll potential eligibles into Medicaid and that directly support the provision of medical services covered under the State Medicaid plan. Therefore, invoices must only include data from the participant's time surveys that document MAA-reimbursable time.

For example, if a person does not perform any claimable school-based MAA activity (codes 4, 6, 8, 10, 12, 14) during the survey week, they cannot charge any time to code 15 for only completing the time survey. Similarly, if a person does not perform any

claimable school-based MAA activity during the survey week, they cannot charge any time to code 16. This also means a person cannot time survey to only code 16 and charge time to code 15 for only completing the time survey. Exceptions would be a LEC, LGA or LEA MAA staff member on paid absence or leave who typically performs MAA as demonstrated through previous time surveys and the duty statement.

DHCS advises the LECs/LGAs/LEAs to review their time surveys and invoices to assess reasonableness of time. Can the Code 15 time be explained and justified adequately to an auditor? If not, the LECs/LGAs/LEAs are advised to revise any invoices that do not meet these criteria. All records in support of allowable MAA activities must be maintained in an audit file for a minimum of three fiscal years and made available to State and the federal reviewers and auditor upon request, in accordance with Title 42 of the Code of Federal Regulations, Section 433.32. DHCS Audits and Investigation Division, the Centers for Medicare and Medicaid Services, and the federal Office of the Inspector General will reference OMB A-87 to verify supportable and allowable costs.

The LEA is responsible to ensure that time survey results are supportable. The LEA is also responsible for any audit disallowances.

CODE 16. GENERAL ADMINISTRATION/ PAID TIME OFF(R)

The purpose of code is to capture job duties that support time for your primary job. Time recorded under this code will be apportioned appropriately to MAA and non-MAA. Paid time off is when you are being paid, but you're not at work. This includes paid vacation days, jury duty, sick leave, etc. If you are not paid for your time off, you can't record that time here. Unpaid time off should be left blank on your time survey.

Below are typical examples of general administrative activities, but they are not all-inclusive:

- When not included in the indirect rate, the general operation of LEA such as accounting, budgeting, payroll, purchasing and data processing. (Certain functions, such as payroll, maintaining inventories, developing budgets, executive direction, etc., are considered overhead; therefore, they are ONLY allowable through the approved indirect cost rate.)
- General supervision of staff or facilities, including staff performance reviews, and personnel management.
- Reviewing non-instructional school policies, procedures, or rules.
- Attending or facilitating school or unit staff meetings, board meetings, or required in-service trainings and events.
- Review of professional and inter-district correspondence.
- Completing personal mileage and expense claims.